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Conference Report

The Irish Anaesthetic and Recovery Nurses Association, 7th Annual Conference, Limerick, Southern Ireland

Jessica Inch

Journal Editor

Limerick played host this year to the 7th annual conference of our sister organisation IARNA. It was a great programme with an excellent line up of guest speakers and clinical lectures. Myself and Manda Dunne, BARNA's Chair, were invited once again and were among international guests from America and Germany. Fionuala O'Gorman announced her step down from IARNA Chair and announced Grainne McPolin would be taking over. This conference had an unofficial theme of trauma nursing, with lectures involving our role in criminal investigations, advanced trauma and care of patients with burns. The following contains a brief account of some of the sessions attended, including a very interesting opening Key Note Address by Detective Superintendent Kevin Donohoe, who spoke about what nurses can do to preserve evidence in a trauma case.

'Preserving the Evidence for Trauma Patients'

Kevin Donohoe

Detective Superintendent

ABSTRACT

The proper identification, preservation, retrieval and analysis of evidence in any criminal investigation is of paramount importance. Physical evidence, coupled with information and intelligence form the nucleus of every criminal investigation. Those in the nursing profession are often well placed to assist in this process through reception, treatment and interaction with victims, suspects, witnesses and their family and friends. The primary consideration of all remains the preservation of life. Nothing can or should be done within a criminal investigation, which would dilute that absolute objective. That said, often opportunities to identify and retrieve evidence are lost through lack of awareness of its value. This lecture attempts to increase awareness of those involved in the provision of medical treatment to patients regarding the role they may play

in evidence gathering, whether through the physical recovery of items of evidence, e.g. clothing, etc., through to their interactions with these patients and those associated with them in the form of information gathering. The investigative process relies on physical evidence, but also on information available to the investigation team, which can assist in assembling a chronology of events resulting in the injury or death of the victim. Such information may fall short of evidence or be of little evidential value, but may assist greatly in the investigative process.

I must admit, not working in the area of trauma, I hadn't given this process much thought. It had never occurred to me the potentially important role we could play in the area of evidence gathering. Superintendent Donohoe, who had 26 years experience under his belt, spoke of the value that we can add to a criminal investigation due to the first-hand experience with victims/suspects and witnesses. The heart of this talk was the message to be 'forensically aware'. In practice, this means not discarding anything, no matter how insignificant we believe it to be, whether this be in the accident and emergency department or in the theatre. This can be shards of glass or splinters removed from a patient and all clothing or objects found on a patient. These articles are to be handled minimally in order to reduce the numbers of fingerprints to be found on them. One individual should place the items separately in clear bags if possible and seal them securely with a knot. How very CSI…!

'Advanced Trauma'

Dr Margaret Coleman

Consultant Anaesthetist, Limerick

ABSTRACT

Trauma remains the most common cause of death in people under the age of 40. It is something which has one of the highest costs, both human, social and financial. The ability to deal with trauma, either individual cases or mass trauma is inherent in a well-run medical centre. The 'golden hour', i.e. the first hour after a major trauma remains the most important time when any life or limb threatening injuries must be addressed and any other potential problems sought and rectified. These life-threatening injuries may not always be obvious and so they must be sought out or ruled out. The ALTS teaches a standardised regime to assess trauma patients from head to toe, starting with, and dealing with the most life-threatening issues first. All staff dealing with trauma patients should be familiar with the principles of trauma management.

This lecture furthered every recovery/anaesthetic nurses motto of "airway, airway, airway". Dr Coleman displayed some images of trauma patients and asked us whether we would automatically

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assume them to have patent airways. There were a few unexpected answers. This lecture was accompanied by some very graphic visual aids that emphasised the main point of this lecture well. Trauma wounds are not always obvious, especially where an increasing gang culture is involved. Some of the images supported the 'minimum effort, maximum damage' wounds that we have come to expect from these types of cases. Overall this was a very informative but shocking lecture.

This day was very much enjoyed by myself and Manda Dunne and is always a great opportunity to talk to perioperative nurses from other regions to see how they are fairing in this current climate and share ideas and solutions. There were some great topics discussed here, other than those discussed above. This included care of the burn's patient, which looks at some unusual types of burns such as those from laptops and antitheft devices. It really is fantastic to attend these kinds of events, so remember our 2009 BARNA Conference to be held in Greenwich, London. For more information visit our website www.barna.co.uk.

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